

Editorial

Religion, spirituality and neurorehabilitation

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1. Introduction

This thematic section in *Neurorehabilitation* focuses upon spiritual and religious aspects of the neurorehabilitation process. Beyond their direct impact on the brain, neurological insults affect the sense of self, personhood and identity. Cultural and religious factors determine how the injury is expressed, the response of the patient and his or her family, interpersonal relationships but also the relationship with medical professionals and the outcomes of neurorehabilitation.

It is necessary to distinguish between religion which is institutionalised, community based, associated with doctrine, beliefs, practices and rituals from spirituality which is an individual relationship with a higher power. Although the phenomena are related, being spiritual does not necessarily imply being religious whereas the reverse is generally true.

As Redfern and Coles (2015) note, the relationship between religiosity, spirituality and neurological disorders needs to differentiate between intrinsic loss of religiosity directly resulting from neural degeneration; the contingent reduction in spirituality with the practical social and cognitive effects brought about by the disease and any reactive response subsequent to developing the disease which might enhance or diminish religious faith. These authors point out how neurological disorders often lead to major upheavals in terms of lifestyle, future plans and future expectations and prompt existential questions pertaining to the meaning and purpose of life. Patients may frequently ask ‘why me?’ related questions and their

suffering can be exacerbated by the spiritual pain they experience.

2. Existing literature

To date there has been rather limited research specifically addressing spirituality and neurodisability and more specifically its implications for enhancing neurorehabilitation. Previous literature has focused upon the impact of spirituality on a number of neurological disorders including traumatic brain injury (Waldron Perrine et al. 2011; Jones, Pryor, Care-Unger & Simpson 2018), post traumatic growth after head injury (Grace et al. 2015; Rogan et al. 2013), Parkinson’s disease (Reynolds 2017; Redfern & Coles 2015), Motor Neurone Disease (Macleod & Clarke 2007; Simmons 2013; Cheng et al. 2017), spinal cord injury (Jones, Dorset, Simpson & Briggs 2018), stroke (Giaquinto, Spiridigliozzi & Caracciolo 2007; Lares Gore 2018) and epilepsy (Tedrus, Fonseka & Hoeahr 2014; Rigon et al. 2019).

An overview of the extant literature suggests that spiritual coping impacts positively on adjustment, mental health, quality of life and possibly physical outcomes in a range of neurological disorders. In general higher levels of spirituality are associated with better measures of mental health and to a lesser extent physical health in those with neurodisability. It appears that there are small positive correlations between spiritual interventions and health in neurorehabilitation populations but this finding may directly result from methodological issues e.g. patients pray-

ing both as health deteriorates and as it improves (Lomay & Johnstone 2015).

3. The current edition

Written by specialists in their field, the papers included here make important contributions to the emerging and clinically significant literature on spirituality and neurodisability and provide pertinent suggestions for incorporating spirituality into neurorehabilitation. Simpson, Anderson, Jones, Genders and Gopinath use a structural equation modelling approach to examine whether spirituality, resilience and hope mediate outcomes among family caregivers after traumatic brain injury or spinal cord injury. Their findings demonstrate that the proposed model is a good fit and they provide important data for planning family based interventions in these disorders. Jones, Pryor, Care-Unger and Simpson report on an online survey of rehabilitation professionals' perceptions of spirituality and spiritual care. The results indicate that while spirituality is considered to play a significant role in rehabilitation after traumatic brain injury or spinal cord injury, most staff felt poorly equipped to provide spiritual care.

In a scoping review, Gibbs Anderson, Simpson and Jones focus upon spirituality and resilience among family caregivers of stroke survivors. The authors find that spirituality and resilience are significant factors in caregiver adjustment following stroke. Finally in relation to Parkinson's Disease, Redfern, Mason, Barker and Coles assess the claim that Parkinson's Disease reduces religious faith and spirituality in those who suffer with this disease. The study indicates that compared to non-neurological patients with similar levels of disability, Parkinson's disease does not result in a decline in religious faith or spirituality and furthermore declining mobility and cognition in this disorder does not result in diminished religiosity.

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